Organization ID # 0409645 State of origin

Commonwealth of Kentucky Filing fee \$115.00 Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 10/6/2015 3:22 PM Fee Receipt: \$115.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and **Reinstatement Annual Report** For the year 2015

Exact organization name and principal office address

TOM ELLIS, INC. P. O. BOX 15340 **3600 DECOURSEY AVENUE COVINGTON KY 410150340** 

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

TOM ELLIS P O BOX 15340 3600 DECOURSEY AVE **COVINGTON, KY 410150340** 



| specified, officer addresses                | <ul> <li>List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole off default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian</li> </ul>                    | ncer, ir not        |
|---|--|---------------------|
| Sole Officer                                | THOMAS B ELLIS   |                     |
|   |  |                     |
|   |  |                     |
|   | me and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If no the principal office address.  | ot specified,       |
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   |  |                     |
| 2015. The undersign                         | s administratively dissolved on September 12, 2015 because the entity did not file its annual report fo<br>ed states that the grounds for dissolution either did not exist or have been eliminated, and the entity's<br>nents of KRS 271B.14-210. Enclosed is a check in the amount of \$115.00, payable to Kentucky State | s name              |
| Under penalty of per information pertaining | jury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applica<br>g to TOM ELLIS, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.  | able tax<br>14-220. |
| If not an officer of sa                     | id entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.   |                     |

of officer of chairman of the board (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

October 6, 2015

TOM ELLIS, INC. P. O. BOX 15340 3600 DECOURSEY AVENUE COVINGTON KY 410150340

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **TOM ELLIS, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2014, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Jay REVX255, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-2057 FAX# 502-564-0058

Kentucky Secretary of State organization number 0409645





## COMMONWEALTH OF KENTUCKY DIVISION OF UNEMPLOYMENT INSURANCE

TAX ENFORCEMENT BRANCH EMPLOYER STATUS SECTION 275 E MAIN ST, 2-EH FRANKFORT, KY 40621-0001 (502) 564-2272 https://kewes.ky.gov DES.UIT@KY.GOV

| Date: 10/06/2015   |
|--|
| TOM ELLIS, INC.  |
| Dear Sir/Madam:  |
| KRS 14A.7-030(1)(f) CERTIFICATE  |
| The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f). |
| Sincerely,   |
| Richard Lemay Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272  |



Kentucky Secretary of State organization number 0409645